



Vaccinate for Life!

2nd Annual Arizona Adolescent and Adult Vaccine Symposium

Thursday, September 27th, 2007

8:00 am – 5:00 pm

(7:00-8:00 am - Registration and Continental Breakfast)

Registration Form

Please **PRINT** all information

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail Address _____

I am a/an (check all that apply)

____ Physician (specialty) _____

____ RN

____ Medical Assistant

____ Nurse Practitioner

____ LPN

____ Physician's Assistant

____ Clinic Nurse

____ School Staff

____ Epidemiologist

____ School Nurse

____ Lab Technician

____ Immunization Manager

____ Health Educator

____ Exec Director

____ Emergency Med Tech

____ Pharmacy Tech

____ Student

____ Other (specify) _____

Conference Fee: \$95.00 per person through 9/14/07 - \$110.00 per person after 9/14/07

The Arizona Partnership for Immunization (TAPI) tax ID # is 86-0494702

Conference fee includes registration, lunch and educational materials

No refunds will be given after September 14th

Registrants will receive confirmation (including directions) upon receipt of Registration and Fee

Please Note: CME and CEU credits are NOT available for this event

Payment: P.O. # _____ Check # _____

Please make check payable to: TAPI (The Arizona Partnership for Immunization)

Mail Registration and Payment to:
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233



Questions? Phone: 602-364-3630 Email: kiralys@azdhs.gov